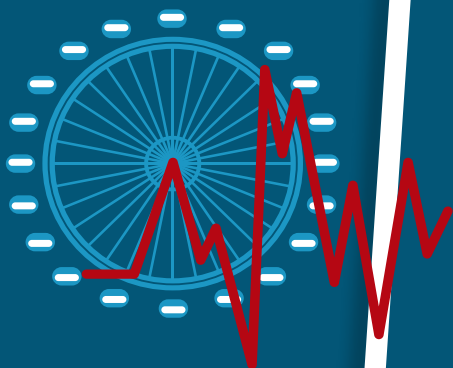




THE 8TH LONDON-INNSBRUCK COLLOQUIUM ON STATUS EPILEPTICUS AND ACUTE SEIZURES

17-20 SEPTEMBER, 2022
SALZBURG, AUSTRIA

FINAL PROGRAMME

WWW.STATUSEPILEPTICUS.EU

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Simon Shorvon, United Kingdom
Matthew Walker, United Kingdom

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DEAR COLLEAGUES

It is our greatest pleasure to welcome you to the 8th **London-Innsbruck Colloquium on Status Epilepticus and Acute Seizures**. These meetings have been held every two years since 2007, and the series has become a landmark meeting in the international epilepsy calendar. Due to the COVID-19 pandemic we had to postpone the meeting which was planned for 2021 and are now happy to welcome you back for an in-person meeting in Salzburg.

We have put together an exciting programme with a top-international faculty. There have been major advances in the field over the past years regarding better mechanistic understanding and new treatments, as well as clinical strategies. In addition, it is our greatest pleasure to welcome you to the 2nd **European Course on continuous EEG** in intensive care. This rapidly emerging field deserves further attention in education and implementation of this valuable diagnostic tool.

We cordially welcome you to the 8th London-Innsbruck Colloquium on Status Epilepticus and Acute Seizures as well as the Pre-Colloquium Course on continuous EEG monitoring in ICU's in Salzburg!

With best regards,

Eugen Trinka, Simon Shorvon and Matthew Walker
(Co-Chairs of the London-Innsbruck Colloquium)



Eugen Trinka



Simon Shorvon



Matthew Walker

BISHER UNERREICHTE RATEN AN ANFALLSFREIHEIT

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kontrollierter fokaler Epilepsie^{1-6,*†}

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1. Krauss GL et al., *Lancet Neurol.* 2020; 19(1):38-48. | 2. Gil-Nagel et al., *Epilepsia.* 2013 Jan;54(1):98-107. | 3. Klein et al., *Epilepsia.* 2015 Dec;56(12):1890-1898. | 4. Chung et al., *CNS Drugs* 2010; 24(12):1041-1054. | 5. Steinhoff et al., *Epilepsia.* 54(8):1491-1499, 2013. | 6. Lattanzi S et al., *Drugs* 2022 Feb;82(2):199-218. | * Obgleich keine direkten Vergleichsdaten vorliegen, scheinen die gemeldeten Anfallsfreiheitsraten unter ONTOZRY® + Standardtherapie in randomisierten, placebo-kontrollierten Studien mit Patienten mit unzureichend kontrollierter Epilepsie höher zu sein, als in Studien mit anderen antikonvulsiven Medikamenten. | † im Vergleich zu Placebo + Standardtherapie.

Fachkurzinformation: Ontozry 12,5 mg Tabletten, Ontozry 25 mg, 50 mg, 100 mg, 150 mg, 200 mg Filmtabletten Qualitative und quantitative Zusammensetzung: Wirkstoffe: Jede Tablette enthält 12,5 mg, 25 mg, 50 mg, 100 mg, 150 mg, 200 mg Cenobamat. Liste der sonstigen Bestandteile: Tablette und Kern der Filmtablette: Lactose Monohydrat, Magnesiumstearat (Ph. Eur.) [pflanzlich] (E470b), Mikrokristalline Cellulose (E460), Hochdisperses Siliciumdioxid (E551), Carboxymethylstärke-Natrium (Typ A) (Ph. Eur.), Einnahmehilfe: 25 mg und 100 mg Filmtabletten: Indigocarmine-Aluminiumsalz (E132), Eisen(III)-oxid (E172), Eisen(III)-hydroxid-oxid x H₂O (E172), Macrogol 4000, Polyvinylalkohol (E1203), Talkum (E553b), Titandioxid (E171), 50 mg Filmtabletten: Eisen(III)-hydroxid-oxid x H₂O (E172), Macrogol 4000, Polyvinylalkohol (E1203), Talkum (E553b), Titandioxid (E171), 150 mg und 200 mg Filmtabletten: Eisen(III)-oxid (E172), Eisen(III)-hydroxid-oxid x H₂O (E172), Macrogol 4000, Polyvinylalkohol (E1203), Talkum (E553b), Titandioxid (E171). Anwendungsgebiete: Ontozry wird angewendet zur adjuvanten Behandlung fokaler Anfälle mit oder ohne sekundäre Generalisierung bei erwachsenen Patienten mit Epilepsie, die trotz einer vorangegangenen Behandlung mit mindestens 2 antiepileptischen Arzneimitteln nicht ausreichend kontrolliert sind Gegenanzeigen: Überempfindlichkeit gegen den Wirkstoff oder einen der in Abschnitt 6.1 genannten sonstigen Bestandteile, familiäres Short-QT-Syndrom (siehe Abschnitt 4.4), Pharmakotherapeutische Gruppe: Antiepileptika, andere Antiepileptika, ATC-Code: N03AX25, Inhaber der Zulassung: Angelini Pharma S.p.A., Viale Amelia 70, 00181, Rom - Italien, Stand der Information: Oktober 2021, Verschreibungspflicht/Apothekenpflicht: Rezept- und apothekenpflichtig, Angaben zu besonderen Warnhinweisen und Vorsichtsmaßnahmen für die Anwendung, Wechselwirkungen mit anderen Arzneimitteln und sonstigen Wechselwirkungen, Fertilität, Schwangerschaft und Stillzeit und Nebenwirkungen entnehmen Sie bitte der veröffentlichten Fachinformation.

INFORMATION FOR SPEAKERS

Please make sure to bring your PowerPoint presentation on a USB-stick to the MEDIA CHECK at Salzburg Congress 2 hours prior to the start of your session.

Do not bring your own laptop for the presentation. In case your presentation contains video sequences, please ensure to pack them with a standard codec and do not store them in a Quick Time format since this may not be compatible with PowerPoint presentations.

In order to be able to keep the time schedule, please make sure not to exceed the allotted speaking time.

Disclosure of potential conflicts of interest

Speakers at the 8th London-Innsbruck Colloquium on Status Epilepticus and Acute Seizures are requested to disclose their potential conflicts of interest. Consequently, a conflict of interest statement should be included on your first slide.

Opening hours media check:

Sunday, September 18 th , 2022:	08:30 - 17:00
Monday, September 19 th , 2022:	08:00 - 18:00
Tuesday, September 20 th , 2022:	08:00 - 17:00

INFORMATION FOR POSTER PRESENTERS

POSTER FORMAT:

Please bring your poster in **portrait style**. Poster measures must not exceed A0 format (84,1 cm / 33,11" in width and 118,9 cm / 46,8" in height). No other formats are allowed! Posters exceeding the above-mentioned directions cannot be displayed. Mounting material will be provided on site.

All posters should be displayed during the entire Colloquium and mounted on Sunday, September 18th in the morning. They have to be taken down on Tuesday, September 20th by the end of the Colloquium. All posters not taken down by then will be discarded. Mounting material will be provided on site.

POSTER DISCUSSION:

There are time slots explicitly dedicated to the posters every day. The dates and times are scheduled as follows:

Monday, September 19 th , 2022:	13:30 - 14:30
Tuesday, September 20 th , 2022:	12:40 - 14:00

During these times, you or one of your co-authors should be at your poster site and be prepared to answer questions.

Jazz Pharmaceuticals
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providing therapies and
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With the acquisition of GW Pharmaceuticals, the leader in cannabinoid science, we have expanded and diversified our growing neuroscience pipeline. Our purpose is to innovate to transform the lives of patients and their families and we are dedicated to developing life-changing medicines for people with serious diseases—often with limited or no therapeutic options; and we continue to expand our reach and capabilities to discover and develop new therapies that can help people redefine what is possible in their lives.

PROGRAMME TEACHING COURSE CONTINUOUS EEG IN ICU

SATURDAY, SEPTEMBER 17TH 2022

- 09.10 – 17.30** Pre-Colloquium teaching course
Continuous EEG in ICU
Chairs: Eugen Trinka (Salzburg, Austria), Lawrence J. Hirsch (New Haven, USA), Matthew Walker (London, UK)
- 09.00 – 09.10** **Introduction**
Eugen Trinka (Salzburg, Austria)
- 09.10 – 11.10** **Session 1: The basics of neurophysiology in Status epilepticus**
- 09.10 – 09.40** Overview: from EEG-criteria to impact of burden
Eugen Trinka (Salzburg, Austria)
- 09.40 – 10.10** Status epilepticus and ACNS terminology
Markus Leitinger (Salzburg, Austria)
- 10.10 - 10.40** The Ictal-Interictal Continuum (including ACNS terminology)
Nicolas Gaspard (Brussels, Belgium)
- 10.40 - 11.10** The concept of encephalopathy: PROs and CONs
Peter W. Kaplan (Baltimore, USA)
- 11.10 – 11.30** **Break**

11.30 – 13.00 Session 2: Neurophysiology in special cases

- 11.30 – 12.00 Postanoxic coma: do different subgroups need different approaches?
Michel van Putten (Twente, Netherlands)
- 12.00 – 12.30 Management of NORSE/ FIRES
Lawrence J. Hirsch (New Haven, USA)
- 12.30 – 13.00 How it impacts patient management: Examples of superrefractory SE and cEEG
Tom Bleck (Chicago, USA)

13.00 – 14.00 Lunch break**14.00 – 15.30 Session 3: The pediatric point of view**

- 14.00 - 14.30 Pediatric Status epilepticus
Susan Byrne (Dublin, Ireland)
- 14.30 - 15.00 ICU EEG-monitoring in Children, including ACNS guidelines
Nicholas N. Abend (Philadelphia, USA)
- 15.00 – 15.30 ICU EEG-monitoring in Neonates, including ACNS guidelines
Ronit Pressler (London, UK)

15.30 – 15.50 Break**15.50 – 17.20 Session 4: The impact on patient management**

- 15.50 – 16.20 How it impacts patient management: Examples of Multimodal Monitoring in ICU
Raimund Helbok (Innsbruck, Austria)
- 16.20 - 16.50 Applications of Quantitative EEG in the management of stroke
Raimund Helbok (Innsbruck, Austria)
- 16.50 – 17.20 How can we make life easier? Rapid EEG and computer assistance in the emergency department and ICUs
Lawrence J. Hirsch (Greenwich, USA)

17.20 – 17.30 Summary and future

Eugen Trinko (Salzburg, Austria), Lawrence J. Hirsch (New Haven, USA), Matthew Walker (London, UK)

PROGRAMME 8TH LONDON-INNSBRUCK
COLLOQUIUM ON STATUS EPILEPTICUS AND
ACUTE SEIZURES

SUNDAY, SEPTEMBER 18TH 2022

10.00 – 10.45 Introduction

Eugen Trinka (Salzburg, Austria), Simon Shorvon (London, UK), Matthew Walker (London, UK)

Opening and ILAE address
Helen Cross (London, UK)

Surviving Status epilepticus – The patient and family perspective
Nora Wong (Summit, USA)

10.45 – 12.45 Session 1: Making the most of what we have

Chairs: Vincent Navarro (Paris, France),
Nichola Specchio (Rome, Italy)

10.45 - 11.25 What have we learned from Randomised Controlled Trials?
Robert Silbergleit (Ann Arbor, USA)

11.25 – 12.05 Making SENSE of what we do - How to bring evidence to clinical practice?
Christoph Kellinghaus (Osnabrück, Germany)

12.05 – 12.45 Phenobarbital: Rediscovering an effective treatment
Eugen Trinka (Salzburg, Austria)

12.45 – 14.05 Lunch break

14.05 – 14.20 Industry sponsored talk: Marinus Pharmaceuticals

Clinical Development of Ganaxolone for Status Epilepticus
Joseph Hulihan (Philadelphia, USA)

14.30 – 15.30 Satellite Symposium UCB

15.30 – 16.00 Coffee break

16.00 – 18.40 Session 2: Modifying outcomes of Status epilepticus

Chairs: Peter Kaplan (Baltimore, USA),
Tom Bleck (Chicago, USA)

16.00 – 16.40 Have we improved the outcome of Status epilepticus over the past decades?
Aidan Neligan (London UK)

16.40 - 17.20 Why do people die from Status epilepticus and should we let them in some circumstances?
Reetta Kälviäinen (Kuopio, Finland)

17.20 – 18.00 Understanding pathophysiology and improving outcomes in Electrical Status epilepticus during Sleep (ESES)
Guido Rubboli (Dianalund, Denmark)

18.00 – 18.20 How can we prevent epileptogenesis after Status epilepticus?
Asla Pitkänen (Kuopio, Finland)

18.40 Get-together

MONDAY, SEPTEMBER 19TH 2022

08.50 – 10.50 Session 3: Between Scylla and Charybdis: Harms and benefits of NICU Treatments
 Chairs: Ilo Leppik (Minneapolis, USA),
 Tom Bleck (Chicago, USA)

08.50 – 09.30 Balancing risks and benefits of anaesthetics in Status epilepticus
 Raoul Sutter (Basel, Switzerland)

09.30 – 10.10 Neuroimaging of Status epilepticus – Making the invisible visible
 Pilar Bosque Varela (Salzburg, Austria/Santander, Spain)

10.10 – 10.50 The role of biomarkers in Status epilepticus
 Sara Hocker (Rochester, USA)

10.50 – 11.20 Coffee break *kindly supported by* **ceribell®**

11.20 – 13.30 Session 4: Pediatric Status epilepticus
 Chairs: Ronit Pressler (London, UK),
 Barbara Plecko (Graz, Austria)

11.20 - 12.10 NORSE- a useful Clinical Entity to acknowledge or disease mongering?
 PRO: Nicolas Gaspard (Brussels, Belgium)
 CON: Simon Shorvon (London, UK)

12.10 - 12.50 Prevention of pediatric convulsive Status epilepticus
 Tobias Loddenkemper (Boston, USA)

12.50 – 13.30 Challenges of Status epilepticus in rare epilepsies
 Renzo Guerrini (Florence, Italy)

13.30 - 14.30 Lunch break and poster discussion

14.30 – 15.00 Session 5: Key Note Lecture
 Chairs: Eugen Trinko (Salzburg, Austria),
 Simon Shorvon (London, UK), Matthew Walker (London, UK)

50 years of Status epilepticus research
 Claude Wasterlain (Los Angeles, USA)

15.00 – 15.40 Session 6: Modelling of Status epilepticus – beyond rodents
 Chairs: Eva Rohde (Salzburg, Austria),
 Gerhard Kluger (Vogtareuth, Germany)

15.00 – 15.40 The Virtual Brain and Status epilepticus
 Christophe Bernard (Marseille, France)

15.40 – 16.10 Coffee break

16.10 – 18.10 Session 7: New antiseizure medicines for Status epilepticus
 Chairs: Meir Bialer (Jerusalem, Israel),
 Annamaria Vezzani (Milan, Italy)

16.10 - 16.50 Brivaracetam or levetiracetam in Status epilepticus? Lessons from a photosensitivity model
 Dorothée Kasteleijn-Nolst Trenité (Utrecht, Netherlands)

16.50 - 17.30 Antioxidants in Status epilepticus
 Matthew Walker (London, UK)

17.30 – 17.50 2DG for treatment of Status epilepticus and acute repetitive seizures
 Thomas Sutula (Wisconsin, USA)

17.50 - 18.10 Update on neuroactive steroids in the treatment of Status epilepticus
 Mike Rogawski (Sacramento, USA)

19.00 Colloquium Dinner

TUESDAY, SEPTEMBER 20TH 2022**08.50 – 10.50 Session 8: Neurophysiology of Status epilepticus**

Chairs: Markus Leitinger (Salzburg, Austria),
Michel van Putten (Enschede, Netherlands)

08.50 - 09.30 Spreading depolarizations, seizures and epilepsy
Jens Dreier (Berlin, Germany)

09.30 – 10.10 Lessons from the TELSTAR Trial
Michel van Putten (Enschede, Netherlands)

10.10 – 10.50 Neuroimmunology of Status epilepticus
Annamaria Vezzani (Milan, Italy)

10.50 – 11.20 Coffee break kindly supported by **ceribell**[®]

11.20 – 12.40 Session 9: Predicting outcome

Chairs: Francesco Brigo (Meran, Italy),
Felix Rosenow (Frankfurt, Germany)

11.20 - 12.00 Do clinical features or EEG in the acute setting predict the
long-term outcome?
Lawrence J. Hirsch (New Haven, USA)

12.00 – 12.40 Clinical clusters and outcomes in Status epilepticus
Simona Lattanzi (Ancona, Italy)

12.40 – 14.00 Lunch break and poster discussion

14.00 - 16.00 Session 10: Novel approaches to diagnosis and treatment I

Chairs: Nathan Fountain (Charlottesville, USA),
Mike Rogawski (Sacramento, USA)

14.00 – 14.40 Rapid emergency EEG
Josef Parvizi (Stanford, USA)

14.40 – 15.20 Why Ketamin?
Jaideep Kapur (Charlottesville, USA)

15.20 – 16.00 Status epilepticus in pregnancy
Felix Rosenow (Frankfurt, Germany)

16.00 – 16.30 Coffee break

16.30 – 17.50 Session 11: Novel approaches to diagnosis and treatment II

Chairs: Dimitri Kullmann (London, UK), Andrew Cole, (Boston, USA)

Disclaimer:
This symposium has been financially supported by GW Pharmaceuticals, part of
Jazz Pharmaceuticals. GW/Jazz pharmaceuticals have had no involvement in the
development, content or organisation of this symposium.

16.30 - 17.10 Intravenous Topiramate
Wolfgang Löscher (Hannover, Germany)

17.10 – 17.50 Repurposing of cholesterol lowering agents in Status
epilepticus
Aurélien Hanin (Paris, France)

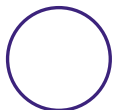
17.50 – 18.00 Closing Remarks

Eugen Trinka (Salzburg, Austria), Lawrence J. Hirsch (New
Haven, USA), Matthew Walker (London, UK)

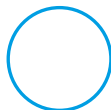


*Through commitment,
innovation, and community,*
Marinus is dedicated
to the development of
treatments for status
epilepticus and
rare epilepsies

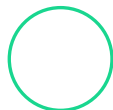
To learn more, please visit us in the Exhibit Hall at Table #1
Or email us at medicalaffairs@marinuspharma.com



Commitment



Innovation



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P01**Aqueous Prodrug/Enzyme Combinations for Intranasal Benzodiazepine Rescue Therapy: Diazepam versus Midazolam Prodrugs**

Siegel R¹, Rautiola D², Kapoor Bhushan M¹, Cheryala N³, Georg G³, Cloyd J⁴

¹Department of Pharmaceutics, College of Pharmacy, University of Minnesota, Minneapolis, Minnesota, United States, ²Department of Formulation & Process Development, Gilead Sciences, Inc., Foster City, California, United States, ³Department of Medicinal Chemistry, College of Pharmacy, University of Minnesota, Minneapolis, Minnesota, United States, ⁴Center for Orphan Drug Research, Department of Experimental and Clinical Pharmacology, College of Pharmacy, University of Minnesota, Minneapolis, Minnesota, United States

P02**Antiseizure Activity of Intranasal Allopregnanolone in Mouse Seizure Threshold Tests**

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P03**Seizures revisited – do astrocytes play an active role in ictogenesis?**

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Intramuscular Allopregnanolone for Early Treatment of Status Epilepticus: Pharmacokinetics, Pharmacodynamics, and Safety in Dogs

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Utilization of Quantitative EEG Spectral Analysis to Characterize IV Ganaxolone PK/PD Properties in Refractory Status Epilepticus (RSE)

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Phase 2 Open-Label, Dose-Finding Study of Intravenous Ganaxolone for the Treatment of Refractory Status Epilepticus

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Intravenous Formulation of Ganaxolone for the Treatment of Refractory Status Epilepticus: Safety Analysis of the Renal Function in a Phase 2 Open-Label, Dose-Ranging Study

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Whole exome sequencing in ovarian teratomas in patients with and without NMDAR encephalitis

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Challenges of diagnosing status epilepticus in adult patients with epilepsy and intellectual disabilities: a report of five cases

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Exploratory study of new serum biomarkers related to the diagnosis of Status Epilepticus (SE).

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FIRES in children: Time not treatment is brain?Soler Wenglein J¹, Kluger G², van Baalen A¹¹Klinik für Kinder- und Jugendmedizin II, UKSH, Kiel, Germany, ²Klinik für Neuropädiatrie und Neurologische Rehabilitation, Epilepsiezentrum für Kinder und Jugendliche, Schön Klinik, Vogtareuth, Germany

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Prognostic Scores in Status Epilepticus: A Systematic Review and Meta-analysisYuan F^{1,2}, Charlotte D¹, Gaspard N¹¹Université Libre De Bruxelles - Hôpital Universitaire De Bruxelles - Hôpital Erasme, Brussels, Belgium, ²The Second Affiliated Hospital of Guangzhou University of Chinese Medicine, Guangzhou, China

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Neuro-glial degeneration in Status Epilepticus: evaluation of serum levels of Neurofilament Light Chains and S100BGiovannini G^{1,2,3}, Bedin R³, Orlandi N^{1,3}, Turchi G⁴, Cioclu M^{1,3}, Micalizzi E², Biagioli N^{1,3}, Madrassi L^{1,3}, Pugnaghi M¹, Vaudano A^{1,3}, Meletti S^{1,3}¹Unit of Neurology, OCB Hospital, AOU Modena, Modena, Italy, ²PhD Program in Clinical and Experimental Medicine, University of Modena and Reggio Emilia, Modena, Italy, ³Department of Biomedical, Metabolic and Neural Sciences; Center for Neuroscience and Neurotechnology, University of Modena and Reggio Emilia, Modena, Italy, ⁴Neurology division, ASL of Modena, Modena, Italy

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Management of Status Epilepticus (SE) in adults: a systematic review of Clinical Practice Guidelines (CPGs)Tontini V¹, Di Vito L², Mazzoni S², Bisulli F^{2,3}, Tinuper P^{2,3}, Vignatelli L⁴¹Neurology Unit, Department of Medicine and Surgery, Parma, Italy, ²IRCCS Istituto delle Scienze Neurologiche di Bologna, Epilepsy Program, Bologna, Italy, ³Department of Biomedical and Neuromotor Sciences. University of Bologna, Bologna, Italy, ⁴IRCCS Istituto delle Scienze Neurologiche di Bologna, ISNB – UOSI Epidemiologia e Statistica, Bologna, Italy

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The ADAN scale for the identification of status epilepticus: A multicentre prospective studyRestrepo Vera J¹, Sala J², Parejo-Carbonell B³, Ciurans J⁴, Becerra J⁴, Campos D¹, García-Morales I³, Quintana M¹, Santamarina E¹¹Epilepsy Unit, Neurology Department, Hospital Universitari Vall d'Hebron, Barcelona, Spain, ²Epilepsy Unit, Neurology Department, Hospital de Bellvitge, Barcelona, Spain, ³Epilepsy Unit, Neurology Department, Hospital Clínico San Carlos, Madrid, Spain, ⁴Epilepsy Unit, Neurology Department, Hospital Germans Trias i Pujol, Barcelona, Spain

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DOOR-STEP: A Desirability of Outcome Ranking Scale for Clinical Trials of Status Epilepticus TreatmentChamberlain J¹, Kapur J³, Silbergleit R⁴, Rosenthal E⁵, Elm J⁶, Bleck T⁷, Shinnar S⁸, Zehtabchi S⁹, Evans S¹⁰¹Children's National Hospital, Washington, DC, United States, ²George Washington University School of Medicine and Health Sciences, Washington, DC, United States, ³University of Virginia, Charlottesville, VA, USA, ⁴University of Michigan, Ann Arbor, MI, USA, ⁵Harvard University and Massachusetts General Hospital, Boston, MA, USA, ⁶Medical University of South Carolina, Charleston, SC, USA, ⁷Northwestern University, Chicago, IL, USA, ⁸Albert Einstein College of Medicine and Montefiore Medical Center, New York, NY, USA, ⁹Downstate Health Sciences University, Brooklyn, NY, USA, ¹⁰George Washington University, Washington, DC, USA

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Evaluation of the efficacy of add-on perampanel in focal motor status epilepticus, the PEPSI trialNavarro V^{1,2}, Hanin A², Freund Y¹, Rheims S³, Demeret S¹¹Sorbonne Université, Assistance Publique Hôpitaux de Paris, Paris, France, ²Paris Brain Institute, INSERM, CNRS, Paris, France, ³Hospices Civils de Lyon and Lyon 1 University, Bron, France

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Comparative efficacy of anti-seizure medications (ASMs) in New-Onset Refractory Status Epilepticus (NORSE) treatment: a multicenter italian real-world studyDono F¹, Rollo E², Evangelista G¹, Romozzi M², Consoli S¹, Rodorigo D¹, Calabresi P², Sensi S¹, Anzellotti F¹, Vollono C²¹Department of Neuroscience, Imaging and Clinical Science, "G.d'Annunzio" University of Chieti-Pescara, Chieti, Italy, ²Department of Neurology, Catholic University of the Sacred Heart, Rome, Italy

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What biological biomarkers for which purpose?Hanin A^{1,2}, Lambrecq V^{1,2}, Demeret S¹, Denis J¹, Chavez M², Navarro V^{1,2}¹Pitié-Salpêtrière Hospital, Paris, France, ²Institut du Cerveau, Paris, France

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Hypersynchronous delta wave activity as a characteristic EEG finding of disorder of arousalKang M¹, Shin D¹, Lee H¹, Jung K¹¹Seoul National University Hospital, Jongno-gu, Seoul, South Korea

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Non convulsive refractory status epilepticus induced by thicolchicoside (TCC) intrathecal injection: a case report.Evangelista G¹, Dono F¹, Consoli S¹, Pozzilli V¹, Calisi D¹, Russo M¹, D'Orazio C², D'andreagiovanni A², Montesano G², Rapini S², Caulo M¹, Onofrj M¹, Anzellotti F³¹Department of Neuroscience, Imaging and Clinical Science, "G. D'Annunzio" University of Chieti-Pescara, Chieti, Italy, ²Department of Neurology, "S Spirito" Hospital, Pescara, Italy, ³Department of Neurology, Epilepsy Center, "SS Annunziata" Hospital, Chieti, Italy

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Autonomic Status Epilepticus in a Patient with Parasellar Meningioma: A Case ReportCorniello C¹, Dono F¹, Consoli S¹, Evangelista G¹, Onofrj M¹, Sensi S^{1,2,3}, Anzellotti F¹¹Department of Neuroscience, Imaging and Clinical Science, University "G. D'Annunzio", Chieti-Pescara, Italy, ²Behavioral Neurology and Molecular Neurology Units, Center for Advanced Studies and Technology - CAST-, University G. d'Annunzio of Chieti-Pescara, Italy, Chieti-Pescara, Italy, ³Institute for Mind Impairments and Neurological Disorders - iMIND, University of California, Irvine, USA

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Tumor-associated status epilepticus (TASE) in patients with low-frequency Periodic Discharges (PDs): a case seriesConsoli S¹, Dono F¹, Evangelista G¹, Corniello C¹, Onofrj M¹, Sensi S^{1,2,3}, Anzellotti F¹¹Department of Neuroscience, Imaging and Clinical Science, University "G. D'Annunzio", Chieti-Pescara, Italy, ²Behavioral Neurology and Molecular Neurology Units, Center for Advanced Studies and Technology - CAST-, University G. d'Annunzio, Chieti-Pescara, Italy, ³Institute for Mind Impairments and Neurological Disorders - iMIND, University of California, Irvine, USA

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The practices and priorities in status epilepticus care from the perspective of health care professionals in Low- and Middle-income countries-a cross sectional study

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A consensus guideline on the emergency management of seizures: a step towards a „seizure code“

Garcia Morales I^{1,2}, Fernández Alonso C³, Behzadi Koochani N⁴, Serratosa Fernández J⁵, Gil-Nagel A², Toledo Argany M⁶, López González F⁷, Santamarina Pérez E⁶

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Anti-LGI1 encephalitis following COVID-19 vaccination: a case series

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Clinical features and outcome of Status Epilepticus in the elderly: data from the population of Modena, northern Italy.

Orlandi N^{1,2}, Giovannini G^{1,3}, Turchi G⁴, Cioclu M^{1,2}, Biagioli N^{1,2}, Madrassi L^{1,2}, Micalizzi E³, Pugnaghi M¹, Vaudano A^{1,2}, Meletti S^{1,2}

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Outcome of Status Epilepticus in ICU

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"It's not mine!" First description of non-convulsive status epilepticus manifesting with somatoparaphrenia

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First description of lingual focal motor status epilepticus due to ischemic stroke

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Status of continuous epileptic spasms possibly provoked by VNS battery depletion and resolved by its replacement.

Pondrelli F¹, Di Vito L², Martinoni M², Stipa C², Bisulli F^{1,2}, Boni A², Licchetta L², Alvisi L^{1,2}, Tinuper P^{1,2}, Mostacci B²

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External validation of STESS and EMSE to predict mortality: a machine-learning analysis

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An Empiric Approach Guiding Subanesthetic Ketamine Dosing for Patients with Established Status Epilepticus

Barra M¹, Coles L², Tan C³, Kapur J⁴, Chamberlain J⁵, Silbergleit R⁶, Goldstein J⁷, Hayes B¹, Bleck T⁸, Sharma G⁹, Cole A⁹, Shinnar S¹⁰, Cloyd J², Rosenthal E⁹

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Hyper-perfusion Tmax mapping for non-convulsive status epilepticus in the acute setting: a pilot case-control study

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EEG seizures onset patterns and duration in focal status epilepticus

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Recurrent non-convulsive status epilepticus in the elderly: a case of unknown etiology but steroid responsiveness

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Sustained hyperperfusion after status epilepticus: a neuroimaging ICTAL-INTERICTAL continuum?

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Predicting the progression to super-refractory status epilepticus: a machine-learning study

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Ketamine to treat refractory and super refractory status epilepticus: Experience of two centers

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Bitemporal Epileptiform Abnormalities following Maintenance Electroconvulsive Therapy: A Case Report

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Factors associated with status epilepticus mortality in ColombiaAyala Castillo M¹, Rojas J¹, Vergara J^{1,2}¹Fundación Universitaria de Ciencias de la Salud, Bogotá, Colombia, ²Hospital de San José, Bogotá, Colombia

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Factors contributing to case fatality rate in patients with status epilepticus – Data from a prospective observational registry (SENSE)Kellinghaus C¹, Rüegg S², Rossetti A³, Trinka E⁴, Unterberger I⁵, Sutter R², Strzelczyk A⁶, Tilz C⁷, Uzelac Z⁸, Rosenow F⁶¹Klinikum Osnabrück, Osnabrück, Germany, ²University Hospital Basel, Basel, Switzerland, ³CHUV and University of Lausanne, Lausanne, Switzerland, ⁴Christian Doppler Klinik and Paracelsus Medical University, Salzburg, Austria, ⁵Innsbruck Medical University, Innsbruck, Austria, ⁶Dept. of Neurology and Epilepsy Center, University of Frankfurt, Frankfurt, Germany, ⁷Hospital Barmherzige Brüder Regensburg, Regensburg, Germany, ⁸University of Ulm, Ulm, Germany

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Long-term survival after status epilepticus is predicted by age, level of consciousness at admission, and duration: validation of the ACD-scoreRoberg L¹, Monsson O¹, Kristensen S¹, Dahl S¹, Ulvin L², Heuser K², Taubøll E², Bechert L⁴, Knake S⁴, Rosenow F³, Strzelczyk A³, Beier D¹, Beniczky S⁵, Krøigård T¹, Beier C¹¹Odense University Hospital, Odense, Denmark, ²Department of Neurology, Oslo University Hospital, Oslo, Norway, ³Epilepsy Center Frankfurt Rhine-Main and Department of Neurology, Goethe-University Frankfurt, Frankfurt am Main, Germany, ⁴Epilepsy Center Hessen and Department of Neurology, Philipps-University, Marburg, Germany, ⁵Danish Epilepsy Center, Dianalund, Denmark

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Prognosis of status epilepticus: Relationship between delayed treatment and subsequent development of epilepsyRodrigo-Gisbert M¹, Gómez-Dabó L¹, Quintana M¹, Campos-Fernández D¹, Gifreu A¹, Fonseca E¹, Abaira L¹, Toledo M¹, Santamarina E¹¹Epilepsy Unit, Neurology Department. Hospital Universitari Vall d'Hebron, Barcelona, Spain

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Out-of-hospital versus in-hospital status epilepticus: the role of etiology and comorbiditiesOrlandi N^{1,2}, Giovannini G^{1,3}, Turcato G⁴, Lattanzi S⁵, Turchi G⁶, Zaboli A⁷, Brigo F⁸, Meletti S^{1,2}¹Neurology Unit, OCB Hospital, AOU Modena, Modena, Italy, ²Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia, Modena, Italy, ³PhD Program in Clinical and Experimental Medicine, University of Modena and Reggio Emilia, Modena, Italy, ⁴Hospital of Santorso (AULSS-7), Department of Internal Medicine, Santorso, Italy, ⁵Marche Polytechnic University, Neurological Clinic, Department of Experimental and Clinical Medicine, Ancona, Italy, ⁶Neurology division, ASL of Modena, Modena, Italy, ⁷Hospital of Merano-Meran (SABES-ASDAA), Department of Emergency Medicine, Merano-Meran, Italy, ⁸Hospital of Merano-Meran (SABES-ASDAA), Department of Neurology, Merano-Meran, Italy

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Survival in post-hypoxic encephalopathy after cardiopulmonary resuscitation: Role of repetitive EEGs, epileptiform discharges, seizure and status patternsStrzelczyk A¹, Siebenbrodt K¹, Strüber M¹, Beuchat I², Knake S³, Rosenow F¹, Schieffer B³, Karatolios K³, Willems L¹¹Goethe-University Frankfurt, Frankfurt am Main, Germany, ²Centre Hospitalier Universitaire Vaudois (CHUV), Lausanne, Switzerland, ³Philipps-University Marburg, Marburg, Germany

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Curative Surgery for Super refractory Status epilepticus

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Outcome in patients with de novo status epilepticus

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Prediction of long-term mortality after Status Epilepticus using clinical scoring systems

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Ictal-interictal continuum – the role of MRI in the diagnosis of status epilepticus

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Can an EEG pattern predict the risk of developing peri-ictal MRI abnormalities in status epilepticus?

Machegger L¹, Bosque Varela P², Steinbacher J¹, Oellerer A¹, Prüwasser T^{2,3}, Zimmermann G^{3,4,5}, Pfaff J¹, McCoy M^{1,2}, Trinkä E^{2,6,7}, Kuchukhidze G^{2,6}

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Knowledge regarding status epilepticus among medical-surgical specialties residents in Colombia

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Intravenous topiramate as an alternative treatment of seizures during pregnancy: A case report

Apostolakopoulou L^{1,2}, Bosque-Varela P², O'Sullivan C², Rossini F², Löscher W^{3,4}, Kuchukhidze G^{2,5}, Trinka E^{2,5,6}

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FADD gene pathogenic variants causing recurrent febrile infection-related epilepsy syndrome

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Autoimmune-associated epilepsy as the outcome of autoimmune encephalitis with NORSE presentation

Matricardi S¹, Casciato S², Deleo F³, Freri E⁴, Stabile A³, Meletti S⁵, Giovannini G⁵, Zucchi E⁵, Mariotto S⁶, Bozzetti S⁶, Ferrari S⁶, Sartori S⁷, Nosadini M⁷, Cesaroni E¹, Marini C¹, Di Bonaventura C⁸, Di Gennaro G², Gambardella A⁹, Zuliani L¹⁰, Zoccarato M¹¹, Pasini E¹², Michelucci R¹², Vogrig A¹³, Pauletto G¹³, Belcastro V¹⁴, Zinno L¹⁵, Liguori C¹⁶, Ferretti A¹⁷, Santarone M¹⁷, Fusco L¹⁷, Granata T⁴, Villani F¹⁸

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Prognostic value of EEG patterns in comatose patients with resuscitated cardiac arrest

Misirocchi F¹, Florindo I¹, Mannini E¹, Iazzari S¹, Tontini V¹, Zilioli A¹, Zinno I¹, Parrino L¹, Bernabè G¹

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Ependimal Cyst with Unusual Presentation: A Rare Cause of Status Epilepticus

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Correlation between serum and cerebrospinal fluid levels of tau protein in patients with non-refractory, refractory, and super-refractory convulsive status epilepticus

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Cumulative Plasma Concentration Exposure, Not Singular Concentrations, Best Explains Brivaracetam/Levetiracetam Correlation for to Photoparoxysmal Response Elimination in Patients with Photosensitive Epilepsy: Updated Exploratory Results from a Randomized, Double-blind, Crossover Study

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The Incidence of Suspected Epileptic Seizures – a Population-based Study

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The gap and underdose of benzodiazepine drugs in status epilepticus treatment in China: a retrospective cohort study

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The New-Onset Refractory Status Epilepticus (NORSE/FIRES) Family Registry

Kazazian K¹, Gaspard N², Hirsch L³, Kellogg M⁴, Hocker S⁵, Wong N⁶,
Farias-Moeller R⁷, Eschbach K⁸, Gofton T¹

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Intrathecal dexamethasone for the treatment of a child with febrile infection-related epilepsy syndrome (FIRES)

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From Cryptogenic New-Onset super-Refractory Status Epilepticus to Creutzfeldt-Jakob disease

Massot Cladera M¹, Martínez García A¹, Filgueira Dominguez M²,
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Non convulsive status epilepticus associated with newly diagnosed MELAS. A clinical, electroencephalographic and radiological case series

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18.40 – 19.30

A get-together at Salzburg Congress will take place after the first day of the Colloquium. We cordially invite you to have a toast to the Colloquium together with your colleagues. Individual dinners can be planned afterwards.

COLLOQUIUM DINNER ZISTELALM

MONDAY, SEPTEMBER 19TH, 2022

19.00 – 24.00

The conference dinners at the Status Epilepticus Colloquia are famously entertaining. This time, the dinner is being held at the Zistelalm – located on the Gaisberg, Salzburg's local mountain. Once you reach the top of the Zistelalm, the view of the countryside widens. The Zistelalm enchants with its rural charm surrounded by wonderful nature. At the Zistelalm Stadl an enjoyable and entertaining atmosphere is guaranteed; and all delegates are invited to join the faculty to celebrate the spirit of our Colloquium.

Tickets have to be booked in advance!

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Salzburg Congress
 Auerspergstraße 6, 5020 Salzburg, Austria
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REGISTRATION DESK

The registration will be located on the 1st floor of the congress centre.
 During opening hours you can reach us on: +43 512 5936 1165

Registration cEEG-Course

Saturday, September 17th: 08:00 - 10:00

Pre-registration colloquium

Saturday, September 17th: 15:00 - 17:00

Registration colloquium

Sunday, September 18th: 09:00 - 18:00

Monday, September 19th: 08:00 - 18:00

Tuesday, September 20th: 08:00 - 18:00

CONGRESS ORGANISERS

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All registered delegates receive an official certificate of attendance after the conference by email together with a survey about the colloquium.

TRADE EXHIBITION

A trade exhibition of pharmaceutical companies and manufacturers of medical equipment is held next to the plenary room.

EXHIBITION ORGANISERS

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The 8th London-Innsbruck Colloquium and 2nd International Teaching Course on Continuous EEG in ICU have been accredited by the Austrian Medical Association for continuous medical education:

Continuous EEG in ICU-Course on September 17th 2022:

ID 746595 (9 CPD credits)

8th London-Innsbruck Colloquium on Status Epilepticus and Acute Seizures (September 18th to 20th):

ID 747153 29 CPD credits)

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A free WiFi connection is available at the congress centre:

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Coffee and tea will be served during the official coffee breaks. Light lunches will be served during the lunch breaks.

CURRENCY

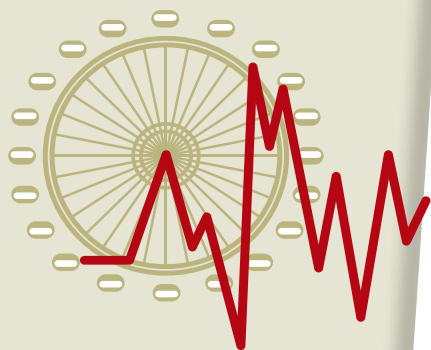
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